Attorney Fee Voucher
FLAT FEES

FORM 7

1. Jurisdiction ☐ District ☐County Court at Law 1 &2	2. Cause Number _____ _____	Offense _____ _____	4. Proceedings ☐Plea- Bargain ☐Other _____

5. In the case of:
State of Texas v _____

6. Case Level
☐ Felony ☐ Misdemeanor ☐ Juvenile ☐ Competency ☐ Ad Litem ☐ Dismissals Or Rejection ☐ Withdrawals (if Granted) ☐ Post conviction Writ

☐ Revocation – Felony ☐ Revocation – Misdemeanor ☐No Charges Filed ☐ Other _____

7. Attorney (Full Name)		9. Attorney Address (Include Law Firm Name if Applicable)	10. Telephone
8. State Bar Number	8a. Tax ID Number		11. Email

12. Flat Fee – Court Appointed Services (Plea, Competency, Ad Litem, etc.)				12a. Total Flat Fee $
Service Provided				
Number of Other Cases (not to Exceed 3 Cases)	#			
Cause Numbers				

13. **Time Period of service Rendered:** From _____ to _____
Date Date

14. Attorney Certification – I, the undersigned attorney, certify that the above information is true and correct and in accordance with the laws of the State of Texas. The compensation and expenses claimed were reasonable and necessary to provide effective assistance of counsel.

☐Final Payment ☐Partial Payment _____
Signature Date

15. SIGNATURE OF PRESIDING JUDGE:	Amount Approved:
Reason(s) for Denial or Variation	